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**BUDAPEST TREATY ON THE INTERNATIONAL
RECOGNITION OF THE DEPOSIT OF MICROORGANISMS
FOR THE PURPOSES OF PATENT PROCEDURE**

INTERNATIONAL FORM

<p>To</p> <p>Dr. Chandralata Raghukumar Scientist Biological Oceanography Division National Institute of Oceanography Dona Paula, GOA- 403 004 INDIA</p> <p>NAME AND ADDRESS OF THE PARTY TO WHOM THE VIABILITY STATEMENT IS ISSUED</p>	<p>VIABILITY STATEMENT Issued pursuant to Rule 10.2 by the INTERNATIONAL DEPOSITORY AUTHORITY (Identified on the following page)</p>
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<p>I. DEPOSITOR</p> <p>Name: Dr. Chandralata Raghukumar Address: Scientist Biological Oceanography Division National Institute of Oceanography Dona Paula, GOA- 403 004 INDIA</p>	<p>II. IDENTIFICATION OF THE MICROORGANISM</p> <p>Accession number given by the INTERNATIONAL DEPOSITORY AUTHORITY MTCC 5159</p> <p>Date of the deposit or of the transfer: 09-07-2004</p>
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<p>III. VIABILITY STATEMENT</p> <p>The viability of the microorganism identified under II above was tested on <u>09-07-2004</u> on that date, the said microorganism was</p> <p><input checked="" type="checkbox"/>¹ viable <input type="checkbox"/>² no longer viable</p>	
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¹ Indicate the date of the original deposit or, where the new deposit or a transfer has been made, the most recent relevant date (date of the new deposit or date of the transfer).

² In the cases referred to in Rule 10.2(a)(ii) and (iii), refer to the most recent viability test.

³ Mark with a cross the applicable box.

* Form MTCC 8P9 (first page)

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INTERNATIONAL FORM

<p>To</p> <p>Dr. Chandrasata Raghukumar Scientist Biological Oceanography Division National Institute of Oceanography Dona Paula, GOA- 403 004</p> <p>NAME AND ADDRESS OF THE DEPOSITOR</p>	<p>RECEIPT IN THE CASE OF AN ORIGINAL DEPOSIT Issued pursuant to Rule 7.1 by the INTERNATIONAL DEPOSITORY AUTHORITY Identified at the bottom of this page</p>
<p>I. IDENTIFICATION OF THE MICROORGANISM</p> <p>Identification reference given by the DEPOSITOR: <u>Unidentified white-rot fungus NIOOC #2a</u></p> <p>Accession number given by the INTERNATIONAL DEPOSITORY AUTHORITY: <u>MTCC 5159</u></p>	
<p>II. SCIENTIFIC DESCRIPTION AND/OR PROPOSED TAXONOMIC DESIGNATION</p> <p>The microorganism identified under I above was accompanied by:</p> <p><input type="checkbox"/> a scientific description</p> <p><input type="checkbox"/> a proposed taxonomic designation</p> <p>(Mark with a cross where applicable)</p>	
<p>III. RECEIPT AND ACCEPTANCE</p> <p>This International Depository Authority accepts the microorganism identified under I above, which was received by it on <u>09.07.2004</u> (date of the original deposit)</p>	
<p>IV. RECEIPT OF REQUEST FOR CONVERSION</p> <p>The microorganism identified under I above was received by this International Depository Authority on _____ (date of the original deposit) and a request to convert the original deposit under the Budapest Treaty was received by it on _____ (date of receipt of request for conversion)</p>	
<p>V. INTERNATIONAL DEPOSITORY AUTHORITY</p> <p>Name: <u>Dr. G.S.PRASAD</u></p> <p>Address: Microbial Type Culture Collection & Gene Bank Institute of Microbial Technology Sector 39-A, Chandigarh - 160 036 India</p> <p>Signature(s) of person(s) having the power to represent the International Depository Authority or of authorized official(s):</p> <p>Date: <u>09.07.2004</u></p>	

¹ Where Rule 6.4(d) applies, such date is the date on which the status of International Depository Authority was acquired

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